

#10

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/851,819
Filing Date	05/09/2001
First Named Inventor	David C. Hamilton
Group Art Unit	3732
Examiner Name	John J. Wilson
Attorney Docket Number	GAC-1972DIV

I hereby appoint:

☐ Practitioners at Customer Number   
ORPlace Customer  
Number Bar Code  
Label here☒ Practitioner(s) named below:

Name	Registration Number
James B. Bieber	28054
Douglas J. Hura	33429
Dale R. Lovercheck	28638

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or  
Individual Name

James B. Bieber, Patent Counsel

Address DENTSPLY International Inc.

Address 570 West College Avenue

City York State PA Zip 17404

Country U.S.A.

Telephone (717) 849-4514 Fax (717) 849-4360

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

David C. Hamilton

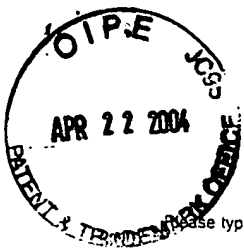
Signature

Date

6/12/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.



Please type a plus sign (+) inside this box →



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/851,819
Filing Date	05/09/2001
First Named Inventor	David C. Hamilton
Group Art Unit	3732
Examiner Name	John J. Wilson
Attorney Docket Number	GAC-1972DIV

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer  
Number Bar Code  
Label here

OR

☐ Firm or  
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name

David C. Hamilton

Signature

Date

6/12/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.